MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/584780

FILING DATE

AFTER

APPLICANT(S)

CLAIMS

		AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT			AS F			TER ENDMENT
1	INI). DEF	P. IND.	DEP.	IND.	DEP.]		IND.	DEP.	IND.	DEI
2	 	+7				ļ	1 1	51				
3		7				 	i	52				
4		3					i i	53 54				ļ
5		1				 	1 1	55				
6		1.		ŧ			1 1	56				
7 · 8		2					l t	57	_	·		
9		0		· · ·				58				
10		10	-					59				
11		18						60				
12	1	10						61				
13		0					1	62				
14	 	10						64				
15		1/				TTE		65			_	
16 17	1							66				
18	 	 						67				
19	 	+;					-	68				
20		11	1				-	69				
21			-				⊦	70 71				
22	<u> </u>	1						$\frac{71}{72}$		—— <u>I</u>		
23		1 !					<u> </u>	73				·
24 25	 	 	╂┶┷┷┼					74				
26	 	++-	 				L	75				
27		iD	1				-	76				
28							-	77 78				
29		ļ					<u> </u>	79				
30 31		 	 					80				
32		 	 					81				
33		 	 				-	82				
34		T			 -		-	83				
35							-	84 85		-		
36							-	86				
37 38		 				·		87				
39								88				
40							_	89				
41							-	90				
42							 	91 92				
43							-	93				
44 45								94				
46								95				
47								96				
48								97				
49								98				
50								99				
TAL ND.	4	1						OTAL		-		
-		, *		▼		▼		ND.		♣	1	1
EP.	38	•			•			OTAL DEP.				
TAL NIMS	12				1		TO	TAL				
بطيب		umptostal medical district		医抗药 抗		A	CL	AIMS				

ENDMENT 2 ** AMENDMENT DEP. IND. DEP.

U.S. DEPARTMENT of COMMERCE
Patent and Trademark Office